

DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)

Attorney Docket No.: 2132.086
Inventor Name: Jackowski et al.
COMPLETE IF KNOWN
Application No:
Filing Date:
Group Art Unit:
Examiner Name:

☒ Decl. Sub. w/Initial Filing
☐ Decl. Sub. after Initial Filing (surcharge (37 CFR 1.15 (e)))

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLASMA PROTEASE C1 BIOPOLYMER MARKERS PREDICTIVE OF ALZHEIMERS DISEASE

the specification which

☒ is attached hereto OR
☐ was filed on _____ As United States Application No. or PCT Intl. Appln. No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN NUMBERS:	COUNTRY:	FOREIGN FILING DATE:	PRIORITY NOT CLAIMED:	CERTIFIED COPY Yes No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign appln. nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(s): FILING DATE:

☐ Addnl. provisional appln. Nos. are listed on a Supplementary priority data Sheet PTO/SB/02B attached.

Table 1. Demographic characteristics of the study population	
Age (years)	65.0 ± 10.0
Gender	
Male	50 (50.0%)
Female	50 (50.0%)
Education (years)	12.0 ± 2.0
Marital status	
Married	40 (80.0%)
Single	10 (20.0%)
Occupation	
Retired	40 (80.0%)
Unemployed	10 (20.0%)
Income (USD/month)	1,000.0 ± 200.0
Health status	
Good	40 (80.0%)
Poor	10 (20.0%)
Comorbidities	
Hypertension	30 (60.0%)
Diabetes	20 (40.0%)
Cholesterol	15 (30.0%)
Smoking status	
Smoker	10 (20.0%)
Non-smoker	40 (80.0%)
Alcohol consumption	
Regular	5 (10.0%)
Occasional	15 (30.0%)
Never	30 (60.0%)

U.S. PARENT APPLICATION
or PCT NUMBER:

PARENT PATENT NO:
(if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer No: 21917 PLACE CUSTOMER No.
BAR CODE LABEL HERE

Registered practitioner(s) name/registration no. listed below.			
NAME:	REGISTRATION NO:	NAME:	REGISTRATION NO:
Michael A. Slavin	34,016	Joseph Beckman	45,529
Ferris H. Lander	43,377	Erin Monahan	48,804
C. Fred Rosenbaum	27,110		

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NAME OF SOLE OR FIRST INVENTOR: _____ A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): _____ FAMILY NAME OR SURNAME: _____

George Jackowski
Inventor's signature: _____ Date: _____
Residence: 11725 Keele Street R1
City: Kettleby State: ONTARIO L0G 1J0 Country: CANADA Citizenship: Canadian
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Additional inventors are being named on the _____ Supplemental additional inventor(s)

NAME OF SECOND INVENTOR: _____ A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): _____ FAMILY NAME OR SURNAME: _____

John _____ Marshall, PhD _____
Inventor's signature: _____ Date: _____
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Additional inventors are being named on the _____ Supplemental additional inventor(s)